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## BIB DATA SHEET

CONFIRMATION NO. 3273

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/578,864	06/22/2006	002	3765	4750-46
<b>APPLICANTS</b> Bernd Lang, Grafelfing, GERMANY; Achim Biener, Aufkirchen, GERMANY; Martin Bechtel, Winsen/Luhe, GERMANY; Harald Voegel, Gauting, GERMANY; Caspar Graf Stauffenberg, Gauting, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/12811 11/11/2004				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 52 608.0 11/11/2003 UNITED KINGDOM 103 52 607.2 11/11/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/07/2007				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KATHERINE M MORAN Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 21 18
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES				
<b>TITLE</b> Headband device for an oxygen mask				
<b>FILING FEE RECEIVED</b> 2508	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	